

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

CHARLES MAXWELL

Write the full name of each plaintiff.

25 CV 4016

No.

(To be filled out by Clerk's Office)

Rockers Island
-against- OBG Facility

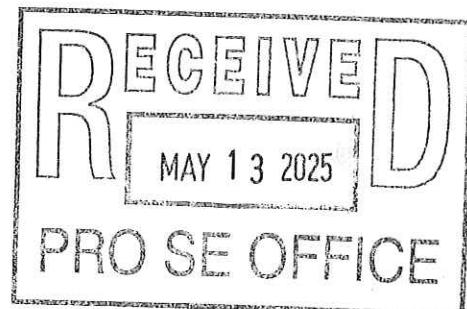
1 - John Doe (correction officer)
2 - Jane Doe (correction officer)
3 - John Doe (correction officer)
4 - John Doe (correction officer)

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT
(Prisoner)

Do you want a jury trial?

Yes No



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other:

Physical Harassment/Verbal Abuse /Violation of Security
Safety

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Charles

First Name

Middle Initial

Maxwell

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

4412400965

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Riker Island

Current Place of Detention

RNDC

11-11 Hazen street, East Elmhurst

Institutional Address

N.Y.

11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
<u>John</u>	<u>Doe</u>	
Current Job Title (or other identifying information)		
<u>Correction Officer</u>		
Current Work Address		
<u>16-00 Haze Street, East Elmhurst</u>		
County, City	State	Zip Code
<u>N.Y.</u>	<u>11370</u>	

Defendant 2:

First Name	Last Name	Shield #
<u>John</u>	<u>Doe</u>	
Current Job Title (or other identifying information)		
<u>Correction Officer</u>		
Current Work Address		
<u>16-00 Haze Street, East Elmhurst</u>		
County, City	State	Zip Code
<u>N.Y.</u>	<u>11307</u>	

Defendant 3:

First Name	Last Name	Shield #
<u>John</u>	<u>Doe</u>	
Current Job Title (or other identifying information)		
<u>Correction Officer</u>		
Current Work Address		
<u>16-00 Haze Street, East</u>		
County, City	State	Zip Code
<u>Elmhurst</u>	<u>N.Y.</u>	<u>11370</u>

Defendant 4:

First Name	Last Name	Shield #
<u>Same</u>	<u>Doe</u>	
Current Job Title (or other identifying information)		
<u>Correction Officer</u>		
Current Work Address		
<u>16-00 Haze Street, East</u>		
County, City	State	Zip Code
<u>Elmhurst</u>	<u>N.Y.</u>	<u>11370</u>

V. STATEMENT OF CLAIM

Place(s) of occurrence: OBCC Facility

Date(s) of occurrence: 4/4/25

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On 4/4/25 between 11am-12pm In Facility OBCC I was being escorted back from The Clinic with an correction officer from an emergency clinic response. Medical complaint on issues with trouble breathing, blur vision and on/off headache and chest pain. After walking pass The floor 2 officers (John Doe & Jane Doe) C.O. The First C.O. made a negative comment which I respond to with ("for what reason,") that misled another officer to respond in a verbal threatening matter (All on camera surveillance), while walking with a C.O escort, The C.O (correction officer) approach me ("As if he wanted to fight"), which made other officers to surround me. That made another C.O to spray me with mace for no reason from The side view while The other two C.O grab each of my legs with no support with an attempt to make me fall face first on The floor with no vision to see. After The fall on partial side of my Face and head and chest with over

right cuff on my wrist started to swell along with my upper eye, nose and side face and head. I was then escorted to intake while twisting my wrist more tighten cuffs, bending arms, Ram strip search then sent in a small shower cell for an hour & or 2hr after only my back was taken photo's then finally taken to medical on Injures Medical staff was trying to convince me to refi medical/Psych report in favor of C.O. which I denied and Continue on my Injury complaint. That evening I was move out the building.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Right side of my face swell and ear, missing teeth marks on my face, swell left and right wrist especially my Right wrist and hand, ^{from tighter} of the cuff. nose Swell upper side head bumps and pain, still trouble breathing from spray of mace and problem with blurr vision.

Chest pains, medical staff try to convince me to do Injury report, which I still did with in 72hr. I was sent to 2 different building after that evening in This building After Incident, to Avoid future medical follow ups and reports,

State briefly what money damages or other relief you want the court to order.

Continue on with medical assistance Follow-up, which is a big issue being denied on Rikers Island, compensated for pains and suffering after injury through on going abuse with Correctional officers. That goes on undocumented even if you file a complaint verbal and written statement. "faelily Cover ups" a mentally & struggling with mental health.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

4/30/25

Plaintiff's Signature

Charles

Mackell

First Name

Middle Initial

Last Name

11-11 Hazen street, East Elmhurst

Prison Address

N.Y.

11370

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: